

# Chapter 16

## Preparation for Laparoscopic Surgery

### Chapter 16: Preparation for Laparoscopic Surgery

#### When is the best time to undergo laparoscopic surgery?

Laparoscopic surgery is best performed just after menstruation. The reasons are as follows:

- 1) The blood flow to the uterus, ovaries, fallopian tubes and pelvis is reduced at this time therefore, surgery can be performed easily, with less bleeding.
- 2) The inner lining of the uterus (endometrium) will be thin so a hysteroscopy can be done, at the same time, if required.
- 3) To check whether a fallopian tube is blocked a blue dye is injected into the tube via the cervix (tubal insufflation) (watch Video 1.1 Normal pelvic anatomy). This is the best time for the procedure to be done safely as the chances that the patient is already pregnant are minimal.

Scan Me



#### Watch Video 1.1

Normal female pelvic anatomy  
<https://vimeo.com/149588511>

### **What should I eat before surgery?**

You should have a well balanced diet before the surgery so that your recovery from the surgery will be smooth. Avoid taking anything that may cause bleeding during surgery (eg. traditional chinese medication). If you are on any medication, before the surgery please inform your surgeon. Patients may have to stop taking certain medication one week prior to the surgery. Taking a good dose of vitamins (Vit A, C, E) 2 weeks before surgery may assist in your postoperative recovery. Please discuss with your doctor well in advance before the surgery.

### **When should I see a doctor?**

Except in emergencies, you should meet your doctor well in advance (more than 2 weeks in advance) to discuss your surgery. This will enable your doctor to ensure that you do not have risk factors for the surgery. If you have any medical problems such as hypertension or diabetes, you will need to see a physician to ensure that these diseases are well controlled before the surgery.

### **When will I be admitted?**

In complex cases, you will usually be admitted the day before the surgery. If the surgery is a simple procedure, then you may be admitted on the actual day of surgery.

### **What will be done before admission?**

Blood tests are usually performed before an admission. A Chest X-ray and an ECG (electrocardiogram) may be performed in some patients. In complex cases, cross matching of blood will be done so that blood is available during the surgery.

### **What is the preoperative preparation?**

You will be given a fluid (eg. Fleet Phosphosoda® or ColoClean® ) the day before to empty your bowel before the surgery. After drinking the fluid, you will have watery stools. There are several advantages of bowel preparation:

- 1) When the bowel is empty, it will collapse and will make surgery easier
- 2) It is also easier to repair the bowel intraoperatively when the bowel has been "cleaned"

### **How long should I fast before the surgery?**

Generally, for at least 6 hours prior to surgery

### **How long will the surgery take?**

The duration of the surgery will depend on its complexity. Generally, a simple case can be completed within an hour. However, more complex surgery may take 2-6 hours. The more experienced the surgeon, the faster he can perform the surgery.

### **What position will I be during the surgery?**

Laparoscopic surgery in gynaecology is generally done with the patient lying on her back with legs spread apart, in order for the surgeon to have access to the vagina. The head is generally tilted downwards (Trendelenburg position) so that the bowel will move upwards and away from the site of the pelvic surgery

### **How will the postoperative recovery be?**

After the surgery, you will be kept in the operating room for about 2-3 hours, for observation. You will be sent to your room after that. You may have a tube (catheter) from the urinary bladder and sometimes a tube from the abdomen, to drain any blood that may have accumulated after the surgery. You may be allowed to drink some clear fluid immediately after the surgery. Once you have passed flatus (wind) and are able to move or get out of bed, the tubes from your bladder and pelvis will be removed. You will be encouraged to get out of bed and walk as early as possible so that you may be able to pass flatus as quickly as possible. Once you have passed flatus, you will be allowed to drink other drinks and later have soft diet and then move on to solid food.

### **Will I have a catheter in the bladder?**

In most cases, a catheter will not be necessary. However, in more complex cases where the surgeon foresees more postoperative pain and a longer time to ambulate, a catheter may be placed in the bladder. It will be taken out the moment you can walk.

### **Will I have a drain inserted?**

In complex cases, a tube (drain) to remove the excess blood that may form in the pelvis, may be placed. Removing the excess blood is important to allow the quick return of bowel activity. Once you have passed flatus and the amount of blood that is draining is minimal, the drain will be removed.

### **When can I have sex after surgery?**

This will depend on the type of surgery. If you have undergone a hysterectomy, there will be sutures in the vagina, which will take about 6 weeks to heal. Therefore, it is best to resume sexual activity 2 months after the surgery. In other cases, where there are no incisions in the vagina, sexual activity can resume when you feel better (usually 1 to 2 weeks after the surgery).

### **When can I get back to work?**

A minor laparoscopic procedure, will allow you to get back to work 1 to 2 weeks after surgery. After a major surgery you should however rest for 1 to 2 months before getting back to work.

### **When can I drive after the operation?**

In simple cases, you can resume driving after 1 week. In complex cases such as hysterectomy, you should refrain from driving for 1 month.

### **How can I make sure I can recover from the surgery fast?**

Fast recovery will depend on your health status. You should eat a healthy and balanced diet before and after surgery. Consumption of vitamins will assist you in your recovery. Please discuss with your doctor about a good supply of vitamins that can be consumed pre and postoperatively so that your recovery will be smooth.

### **When can I bathe after surgery?**

The small wounds of the surgery are usually covered with waterproof dressing so that you can bathe immediately after the surgery. However, there is a worry that the dressing may fall off while you are bathing. Therefore, it is advisable to if possible you should just wipe yourself especially around the wound areas to avoid infection.

### **Will I have vaginal discharge or bleeding after the surgery?**

After a hysterectomy, there will be sutures at the top of the vagina. This wound may cause some bleeding, especially in women who are active. The bleeding may last for up to 6 weeks. You need not be alarmed unless the bleeding is excessive. If the bleeding is excessive, you should consult your doctor.

There is some manipulation of the uterus during surgery. This manipulation may cause bleeding from the uterus, postoperatively. Sometimes, your menses may even be earlier. As long as the bleeding is not heavy, it is normal.

Healing of the vaginal wound can lead to vaginal discharge. If the discharge is not foul smelling or excessive, it is normal.

### **In what situations should I immediately see a doctor after the surgery?**

There are certain conditions that may require that you see a doctor immediately.

- 1) Excessive per vaginal bleeding
- 2) Foul smelling vaginal discharge
- 3) Excessive watery vaginal discharge
- 4) Foecal like material coming out of the vagina
- 5) Severe pelvic pain or loin pain
- 6) Inability to pass flatus or move your bowel
- 7) Feeling faint or dizziness



### Fact 16.1

#### Is bowel preparation necessary before laparoscopic surgery?

There are studies, which show that bowel preparation is not necessary even for bowel surgery. In simple laparoscopic surgery a bowel preparation and even an enema is not necessary either. However in more difficult cases, where there may be a risk of bowel injury during the surgery, an enema is advocated. This will enable the laparoscopic repair of the bowel, without the need for a colostomy.

### Summary

It is vital to discuss all preoperative preparation with your doctor before a laparoscopic surgery. A good understanding of all the do's and don'ts before and after the surgery will help you understand what you will be going through and help you recover well after the surgery